



City of Greenfield  
Application for Employment

The City of Greenfield is an equal opportunity employer. Applicants are considered for employment without regard to race, color, religion, sex, age, disability, national origin, or any other basis prohibited by law, unless such basis constitutes a *bona fide* occupational qualification. The City of Greenfield will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities.

Date of Application \_\_\_\_\_

**PLEASE PRINT**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip

Telephone (\_\_\_\_) \_\_\_\_\_

If you have resided at your present address less than three years, list your prior address:

Address \_\_\_\_\_  
Number Street City State Zip

Positions(s) Desired \_\_\_\_\_ Salary Expected \_\_\_\_\_

Are you available to work \_\_\_\_\_ Full Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary  
\_\_\_\_\_ On-Call \_\_\_\_\_ Overtime \_\_\_\_\_ Any Shift

On what date would you be available for work? \_\_\_\_\_

Are you on a layoff and subject to recall at another employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you filed an application here before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been employed here before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any relatives or friends that are employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Why do you think you would make a valuable employee of the City of Greenfield? \_\_\_\_\_

Are you legally authorized to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status?) \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you 18 years or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have your driving privileges ever been revoked or suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list all here

\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of, or pled guilty to, a felony.

YES

NO

If yes, state the nature of the conviction or plea, the date, and explain: \_\_\_\_\_  
\_\_\_\_\_

Is there anything in your background that would prevent you from being bonded?  Yes  No

Name of person to notify in case of emergency: \_\_\_\_\_

Address: \_\_\_\_\_ Emergency Phone No.: \_\_\_\_\_

**EDUCATION**

Type of School	Name of School	City and State	Number of Years Completed	Graduate?		Course Pursued / Degrees Granted	
				Yes	No		
High School							
College or University							
Business, Trade, Technical, or Correspondence School or College							

List any special job-related skills, software, and qualifications acquired from education, employment, volunteer work or military service.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List specific skills or office machines, tools, machinery or other equipment that you are trained on and can operate that will be helpful in performing the responsibilities of the position(s) for which you are applying: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

List the name, address, and telephone number of three references that are not related to you and are not previous employers.

1. \_\_\_\_\_  
Name Address Telephone No.

2. \_\_\_\_\_  
Name Address Telephone No.

3. \_\_\_\_\_  
Name Address Telephone No.

## EMPLOYMENT RECORD

Starting with your current or most recent job, list all your employment experience for at last the last 15 years. You may include job-related military assignments and volunteer activities that reflect your qualifications for employment.

Employer	Employment Dates	Kind of Work Performed
Address	From To	
Telephone	Salary/Hourly Rate	
Job Title	Starting	
Immediate Supervisor	Final	

Reason for leaving: \_\_\_\_\_

Employer	Employment Dates	Kind of Work Performed
Address	From To	
Telephone	Salary/Hourly Rate	
Job Title	Starting	
Immediate Supervisor	Final	

Reason for leaving: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

Employer	Employment Dates	Kind of Work Performed
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Telephone	Salary/Hourly Rate	
Job Title	Starting	
Immediate Supervisor	Final	

Reason for leaving: \_\_\_\_\_

If you need additional space, please continue on a separate sheet of paper.

May we contact employers listed above?     Yes     No

If no, indicate which one(s) you do NOT wish us to contact and state the reason why you prefer that we do not contact the employer(s) \_\_\_\_\_

Have you ever been discharged, permitted to resign rather than be discharged, or asked to resign from any position?

Yes     No

If yes, please state the employer, and the reason for the discharge or resignation.

\_\_\_\_\_

Do you have a commercial driving license?

\_\_\_\_ Yes

\_\_\_\_ No

Which of your previous jobs have you liked the best? \_\_\_\_\_

Why? \_\_\_\_\_

Which of your previous jobs have you liked least? \_\_\_\_\_

Why? \_\_\_\_\_

**APPLICANT'S STATEMENT**

(Please indicate that you have read and understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph.)

Initials

\_\_\_\_\_ I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading or omitted information in my application may result in the rejection of my application, the revocation of an offer of employment, or discharge.

\_\_\_\_\_ I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, through a credit check, a criminal history check and/or a driver's record check. This inquiry may include information as to, among other things, my character, general reputation and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references, former employers or others that are given in response to the inquiry. If City of Greenfield decides to obtain a consumer credit report, I understand that City of Greenfield will provide, at my request, the name and address of the reporting agency so I may obtain from such reporting agency the nature and substance of information contained in such report.

\_\_\_\_\_ I hereby release all parties, including but not limited to City of Greenfield personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action taken on the basis of such information.

\_\_\_\_\_ I understand that, if I am offered a job, as a condition of beginning my employment, I may be required to undergo a physical examination and drug screen, and I hereby authorize any doctor, hospital, clinic, laboratory and/or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with the examination and related considerations.

\_\_\_\_\_ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.

\_\_\_\_\_ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment is for no fixed period of time and is terminable at any time and for any reason by me or by City of Greenfield. I further understand that statements which may be contained in policies, practices, handbooks or other material do not create any guarantee of employment and City of Greenfield has the right to modify, amend or terminate policies, practices, benefits plans or other programs within the limits and requirements imposed by law. I understand that no representative of City of Greenfield other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding.

\_\_\_\_\_ I understand that, upon employment, I will sign an agreement relating to confidential information, if required.

\_\_\_\_\_ I certify that I am not bound by any employment contract or non-competition agreement that would be breached by any employment that might be offered to me by the City, nor am I in possession of nor will I at any time reveal to the City, under any circumstances, any proprietary or confidential information that is the subject of any contract, non-disclosure agreement or prior work relationship involving any other person or entity.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date